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(Puginasa Fasik, Nama)
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(Document Number)
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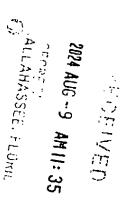
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	PICK UP	BROOK 8/9
	CERTIFIED COPY	
XX	РНОТОСОРУ	
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XX	FILING	FOREIGN LLC
1.	BLACK ON WHITE LLC (CORPORATE NAME AND DOCUMEN	T #)
2.		
	(CORPORATE NAME AND DOCUMEN	T #)
3.	(CORPORATE NAME AND DOCUMEN	92.85
4.	CORPORATE NAME, AND DOCUMEN	1 #)
	(CORPORATE NAME AND DOCUMEN	Τ #)
5.	(CORPORATE NAME AND DOCUMEN	T'#)
5.	(CORPORATE NAME AND DOCUMEN	T`#)
SPECIAL INSTRUCTIONS:		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: BLACK ON WHITE LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "L.L.C," o **NEW YORK** (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 2900 GRIFFIN RD, SUITE 6 2900 GRIFFIN RD, SUITE 6 (Mailing Address) (Street Address of Principal Office) FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) BENZION LOWY Name: 2900 GRIFFIN RD, SUITE 6 Office Address: FORT LAUDERDALE Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/S/ BENZION LOWY

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: BENZION LOWY Name: **■**Manager □Manager 2900 GRIFFIN RD, SUITE 6 Address: ☐ Member ■Member Address: FORT LAUDERDALE, FL 33312 □ Authorized ☐ Authorized Person Person □Other____ Other____ □Other____ □Other____ □Manager □Manager Name: Name: ☐ Member □Member Address: Address: □ Authorized ☐ Authorized Person Person □Other__ ____ □Other____ ☐Other__ □ Other □Manager Name: □Manager Name: □Member Address: Address: □Member □ Authorized ☐ Authorized Person Person Other____ Other____ Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

Signature of an authorized person

/S/BENZION LOWY

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

of the translator must be submitted)

DENISIONALOUIL

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

BLACK ON WHITE LLC

DOS ID Number:

5658431

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

11/19/2019

Statement Status:

CURRENT

Statement Due Date:

11/30/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

ARTICLES OF ORGANIZATION

Date of Filing:

11/19/2019

Entity Name:

BLACK ON WHITE LLC

Document Type:

BIENNIAL STATEMENT

Date of Filing:

08/08/2024

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 08, 2024 at 05:09 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C. Heyles

BRENDAN C. HUGHES Executive Deputy Secretary of State

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